

REPORT OF RECEIPTS AND DISBURSEMENTS	DECEUVE
Name of Candidate Jahn Glen Corley MSS Report	JAN 3 1 2017
Address 545 Oths Davis Rd, Membertancounty Pearl River	Secretary of State
Telephone 601-818-5205 Fax	
Office Sought State Representative 106 Email Address i corlege	Phouse.ms.go
Check here if above is different from previous report	,
	Mandatory ng judicial candidates on the 2016 General Election ballo
Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to obligation.	o terminate reporting s
<u>IMPORTANT</u>	

- Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions Total amount of disbursements \$ Total amount of cash on hand I certify-that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee	_John
Reporting period	

through

ITEMIZED DISBURSEMENTS

		
A. Full name Judge Lucus	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$ 1,500,∞
Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,500,00
B. Full name Picayune Item	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 580	1(122116	s 448,42
Mailing Address Po Box 580 City, State, Zip Code Picayure, MS 39466 Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursem of (Optional)	Aggregate Year-to-date	\$ 448,42
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. C. III.		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name Mailing Address	1	
	(Mo., Day, Year)	disbursement this period
Mailing Address	(Mo., Day, Year)	disbursement this period
Mailing Address City, State, Zip Code	(Mo., Day, Year)///// Aggregate	s
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	(Mo., Day, Year) // Aggregate Year-to-date Date	s \$ Amount of each
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name	(Mo., Day, Year) // // Aggregate Year-to-date Date (Mo., Day, Year)	s Amount of each disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) //	s \$ Amount of each disbursement this period \$
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) // // Aggregate	s Amount of each disbursement this period \$
Mailing Address City, State, Zip Gode Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) // Aggregate Year-to-date Date Date Date Date Date Date Date	s Amount of each disbursement this period Amount of each seriod Amount of each seriod Amount of each seriod
Mailing Address City, State, Zip Gode Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year)	s Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement this period
Mailing Address City, State, Zip Gode Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name Mailing Address	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year)	s S Amount of each disbursement this period \$ Amount of each disbursement this period \$ Amount of each disbursement this period \$

Name of Candidate	e or Committee	John	Glen	Corley	
Reporting period			through		
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ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Manufactured Housing Mailing Address	11/1/25/1/16	\$ 500,00
PO Box 320369		\$
City, State, Zip Code Lickson, MS 39232-0369		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Corporate Relations Management Mailing Address	11/126/16	\$ 500,00
Mailing Address POBox 84		\$
City, State, Zip Code (anton, M5 37046-0084		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500,
C. Source Corporation X PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Mississippi Power Company Mailing Address State PAC City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Mississippi Power Company Mailing Address State PAC	(Mo., Day, Year)	receipt this period \$ 400,00
Other (please specify) Full name Mississippi Power Company Mailing Address State PAC City, State, Zip Code POBox 4379, Gulfport, MS 39502	(Mo., Day, Year)	receipt this period \$ \cdot \
Other (please specify) Full name Mississippi Power Company Mailling Address State PAC City, State, Zip Code PO Box 4379, Gulfort, MS 39502 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ \cdot \
Other (please specify) Full name Mississippi Power Company Mailling Address State PAC City, State, Zip Code PO Box 4379, Gulffort, MS 34502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	receipt this period \$ \[\(\period \) \(\phi \) \(\
Other (please specify) Full name Mississippi Power Company Mailing Address State PAC City, State, Zip Code PO Box 4379, Gulfort, MS 34502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Koch Industries Inc. Mailing Address	(Mo., Day, Year)	* Good of this period \$ Good of this period \$ Good of this period * Good of this peri
Other (please specify) Full name Missisippi Power Company Mailing Address State PAC City, State, Zip Code PO Box 4379, Gulfort, MS 39502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Koch Industries Inc. Mailing Address 4111 East 37th St North City, State, Zip Code Wichita, KS 67220	(Mo., Day, Year)	receipt this period \$ \[\partial \cdot \
Other (please specify) Full name Missisippi Power Company Mailing Address State PAC City, State, Zip Code PO Box 4379, Gulfort, MS 39502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Koch Industries Inc. Mailing Address 4111 East 37th St North City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ \[\psi \cdot

Name of Candidat	e or Committee John Glex	v Corley
Reporting period_	through	

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Roger H. Ogdew Mailing Address	12/13/16	\$ 250,00
Mailing Address 4100 Broad way St City, State, Zip Code		\$
		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Miss Assn of Realtors	12/9/16	\$ 500,00
Mailing Address	匚/匚/匚	\$
P 0 Box 32/000 City, State, Zip Code Flow and MS 39232-1000		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 500
	year-to-date	, ,
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Miss Manufacturers Association	Date	Amount of each receipt
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\begin{align*} 250, \textit{square} \]
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St City, State, Zip Code Jack Son MS 39202 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[250, \delta^0 \] \$
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St City, State, Zip Code Jackson, MS 39202 Name of Employer (Required)	Date (Mo., Day, Year) 12 / 13 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ \[250, \text{sq} \] \$ \[\text{\$} \]
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St Gity, State, Zip Code Jackson, MS 39202 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) 12 / 13 / 16 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ \[250, \] \$ \[\] \$ \[\t
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St City, State, Zip Code Jankson, MS 39202 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Miss Bankers Association Mailing Address	Date (Mo., Day, Year) 12 / 13 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\begin{align*} 250, \textit{80} \] \$ \[\begin{align*} 450 \\ \textit{80} \] Amount of each receipt this period
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St City, State, Zip Code Jack Sow, MS 39202 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Miss Bankers Association Mailing Address P. D. Box 1091 City, State, Zip Code Jack Sow, MS 39205	Date (Mo., Day, Year) 12 / 13 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\begin{align*} 250, \textit{speriod} \] \$ \[\begin{align*} \left 250 \end{align*} Amount of each receipt this period \$ \[\begin{align*} 200, \textit{speriod} \end{align*} \]
Other (please specify) Full name Miss Manufacturers Association Mailing Address 720 N President St City, State, Zip Code Jack Sow, MS 39202 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Miss Bankers Association Mailing Address P. O. Box 1091 City, State, Zip Code	Date (Mo., Day, Year) 12 / 13 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \[250, \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \$ \[\] \[200, \] \$ \[\]

Name of Candidate	or Committee <u>Jo</u>	nn Glen	Corley
Reporting period		through	0

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Turk. PAC	12/18/16	\$ 7250,00
825 North President Street		\$
City, State, Zip Code Jackson, MS 39202		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT+T Mississippi PAC	12,20,16	\$ 400,00
Mailing Address 111 East Capital Street Suite 6030	匚/匚/匚	\$
Tackson, MS 39201	匚/匚/匚	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 400,00
, and the second	yearto-date	, 100,
C. Source Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify) Full name Committee For Clean Environment their Tax	Date	Amount of each receipt
Other (please specify) Full name Committee For Clean Environment Frair Tax Mailing Address 3000 N State Street	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Committee For Clean Environment Frair Tax Mailing Address 3000 N State Street City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Committee For Clean Environment Frair Tax Mailing Address 3000 N State Street	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250,000
Other (please specify) Full name Committee For Clean Environment thair Tax Mailing Address 3000 N State Street City, State, Zip Code Sackson, MS 39216	Date (Mo., Day, Year) Description of the control o	Amount of each receipt this period \$ \[250. \] \$ \[\]
Other (please specify) Full name Committee For Clean Environment Freis Tax Mailing Address 3000 N State Street City, State, Zip Code Sackson, MS 39216 Name of Employer (Required)	Date (Mo., Day, Year) 2 / 27 / 6 - / - / - /	Amount of each receipt this period \$ 250.00 \$ Amount of each receipt this period
Other (please specify) Full name Committee For Clean Environment their Tax Mailing Address 3000 N State Street City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 2 / 27 / 6 / / / / Aggregate year-to-date	Amount of each receipt this period \$ \[250.00 \] \$ \[\] \$ \[\] \$ \[\]
Other (please specify) Full name Committee For Clean Environment Fair Tax Mailing Address 3000 N State Street City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12 / 27 / 16 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$ Amount of each receipt
Other (please specify) Full name Committee For Clean Environment their Tax Mailing Address 3000 N State Street City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12 / 27 / 16 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$ Amount of each receipt this period
Other (please specify) Full name Committee For Clean Environment Fair Tag Mailing Address 3000 N State Street City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) 12 / 27 / 16 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 250,00 \$ \$ Amount of each receipt this period \$ 250,000
Other (please specify) Full name Committee For Clean Environment Tax Mailing Address State Street City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) 12 / 27 / 16 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$ Amount of each receipt this period \$ 250.00 Amount of each receipt this period \$
Other (please specify) Full name Committee For Clean Environment Fair Tag Mailing Address 3000 N State Street City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) 12 / 27 / 16 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$ \$ Amount of each receipt this period \$ \$ \$ \$